



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5912

|  |   |                                   |   |   |                                |
|--|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/509,552   | <b>FILING OR 371(c) DATE</b><br>06/09/2005<br><b>RULE</b>   | <b>CLASS</b><br>433               | <b>GROUP ART UNIT</b><br>3743   | <b>ATTORNEY DOCKET NO.</b><br>FRYHP0120US |                                |
| <b>APPLICANTS</b><br>Per Gisle Djupesland, Oslo, NORWAY;   |   |                                   |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB03/01557 03/28/2003<br><br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0207422.7 03/28/2002<br><br><div style="text-align: center;">** SMALL ENTITY **</div>  |   |                                   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>43                 | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>23908  |   |                                   |   |   |                                |
| <b>TITLE</b><br>Nasal devices  |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>904  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |